

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11-17-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97250, 97112, 97530, 97110, 97035, 99070, 97010, and 97014 on dates of service 12-23-02 through 1-3-03.

II. FINDINGS

1. Per Rule 133.308 (r)(1)(B), payment of the IRO fee is due prior to the IRO undertaking the review. An Order for Payment of IRO fee was faxed on 2-9-04 and the requestor was ordered to remit the IRO fee within ten days. The requestor submitted payment to the IRO on 3-8-04; however, as stated in the Order, the IRO fee was untimely and the IRO was ordered to return the IRO fee. As stated in the Order, failure to comply will result in immediate dismissal of the medical necessity portion of the dispute.

2. On 3-5-04, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required and subsequently, the medical necessity issues were dismissed. Per Rule 133.308(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT codes 97250, 97112, 97530, 97110, 97035, 99070, 97010, and 97014 on dates of service 12-23-02 through 1-3-03 had no EOB. Since neither party submitted an EOB, this review will be per the 1996 *Medical Fee Guideline*. The requestor failed to submit relevant information to support components of the fee dispute in accordance with Rule 133.307(g)(3)(A-F). Therefore, no reimbursement can be recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 97250, 97112, 97530, 97110, 97035, 99070, 97010, and 97014.

The above Findings and Decision are hereby issued this 16th day of April 2004.

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Medical Review Division